

International Rotation Application Process Review Committee for Surgery

When applying for an international rotation, a letter of request signed by the designated institutional official (DIO) and program director must be sent to both the Review Committee for Surgery and the American Board of Surgery (ABS) at the following addresses:

Chris Fox, PhD
ACGME
cfox@acgme.org

Jo Buyske, MD
American Board of Surgery
1617 John F. Kennedy Boulevard, Suite 860
Philadelphia, Pennsylvania 19103

The program will receive separate approval letters from the Review Committee and the ABS. Both approval letters must be received prior to implementation of an international rotation.

When requesting Review Committee approval for an international rotation for the first time, the information in Column A below must accompany the request. When additional residents plan to rotate to the same site with no changes to the original request, a notification letter from the program director, co-signed by the DIO, with the information marked in Column B below, must be submitted to the Review Committee. An acknowledgment letter will be sent to the program when the request is processed.

US territories are not considered international sites and do not need approval; these are considered elective rotations.

A Requests for a new International Rotation	B Requests for additional candidates (same international site and supervising faculty members)	
X	X	Name and location of international site
X	X	Documentation that the resident for whom the rotation is requested has the appropriate license to practice in country of rotation
X	X	Name and PGY of resident for whom rotation is requested; international rotations cannot occur during PGY-1. PGY-5 residents may do international rotations in non-chief rotations
X	X	Dates of rotation (Review Committee requires a minimum two-week rotation; ABS requires at least four weeks for credit)
X	X	Verification that salary, travel expenses, health insurance, and evacuation insurance are provided by the Sponsoring Institution
X		Verification of the program's accreditation status (program must have a status of Continued Accreditation)
X		<p>A description of the clinical experience:</p> <ul style="list-style-type: none"> • Type of center (governmental, non-governmental, private) • Scope of practice of the host center • A statement of the center's operative volume and type • Verification that the experience will include an outpatient experience • Verification that the resident will enter operative experiences in the ACGME Resident Case Log System for credit
X		Statement addressing physical environmental issues, including housing, transportation, communication, safety, and language
X		Description of educational resources, including access to a library with reasonably current resources and/or reliable access to web-based educational materials
X		Rationale describing the educational experience the international rotation provides that the primary/participating sites do not
X		Copy of the competency-based goals/objectives for the assignment
X		Verification that there will be an evaluation of resident performance based on the stated goals and objectives
X		Verification that the rotation is an elective
X		List of ABMS-certified faculty member(s) (or faculty member(s) with qualifications deemed acceptable in advance by Review Committee) who will supervise resident on the rotation
X		Copy of fully executed program letter of agreement
	X	Informational letter with name(s) of additional resident(s) who plan to take advantage of this opportunity and statement that the framework for the international rotation has not changed since the original application